

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719

410-537-3314 • 800-633-6101 x3314 • <http://www.mde.maryland.gov>

Land Management Administration • Waste Diversion and Utilization Program

Notice of Intent

General Discharge Permit for Animal Feeding Operations (14AF, MDG01)

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.08.04

Submission of this Notice of Intent (NOI) constitutes notice that the person identified in Section I of this form has the intent to be authorized by a State/NPDES General Discharge (GD) Permit issued for the discharges from the animal feeding operation (AFO) identified in Section II of this form. Authorization to discharge shall commence upon notification to the applicant of acceptance of this NOI and the required plans by the Maryland Department of the Environment (the "Department").

NOI for (check one): ☐ CAFO Permit ☐ MAFO Permit (for large AFOs only. Medium AFOs may be required to submit Certification of Conformance. See AFO Website for more information.)

Existing or Proposed? (check one) ☐ Existing Lot/Facility (Farm) ☐ Proposed (New) Lot/Facility (Farm)

Currently registered AFOs only: By checking this box, I am requesting an administrative extension of coverage under GD Permit 09AF, MDG01 coverage: ☐ YES ☐ NO

Existing Registration No.: _____ - _____ Effective Date: ____/____/____

Section I. Applicant/Owner/Operator Information

Applicant's Legal Name (Name of Company [if corporation] or Individual Operator [if Sole Proprietor]): _____

Applicant's Status (also complete box 1 OR 2, below): ☐ Sole proprietorship ☐ Corporation ☐ other: _____

Please check if applicant is also the owner: ☐

Applicant's Mailing Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Applicant's Email Address: _____

Applicant's Telephone No.: () _____ - _____ *Facsimile No.:* () _____ - _____

Applicant's Cell Phone No.: () _____ - _____

Emergency Contact Name & Title: _____ *Telephone No.:* () _____ - _____

BOX 1: For a sole proprietorship or individual, please provide the following information:

Social Security No.: _____ *OR State of Maryland Sole Proprietorship ID No.:* _____

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:

(1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or

(2) Workers' Compensation Insurance Policy/Binder No.: _____

BOX 2: For a Corporation or Government, please provide the following information:

Federal Tax Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before coverage under this permit can be issued. The business or entity's information provided in this NOI must match the information in the SDAT register.

Date: August 15, 2014

TTY Users: 1-800-735-2258

PCA 13734 / AGY-OBJECT 5651 / SUFFIX 605

ED_003017B_00012546-00001

Section II. Lot/Facility (Farm) Information

Lot/Facility (Farm) Location: Enter the lot/facility (farm's) legal name and complete street address including the nearest town or city (the actual location of the lot/facility (farm), not the mailing address). Provide the latitude and longitude of the production area to the nearest 15 seconds of the approximate center of the lot/facility (farm). The latitude and longitude can be found on a relatively detailed map such as an ADC (book) county map. Attach a map of the lot/facility (farm) including at least one named street. Provide the type and number of animals at the lot/facility (farm), and the type of housing.

Please fill out the following information for all lots/facilities (farms) associated with the AFO, starting with the primary lot/facility (farm) and continuing with all associated lots/facilities (farms). Associated lots/facilities (farms) are those that you have control over the application of the litter, manure, or process wastewater by ownership, lease, or agreement. All of these associated lots/facilities (farms) must be included in the required plans (either a Comprehensive Nutrient Management Plan (CNMP) or Nutrient Management Plan (NMP) combined with a Soil Conservation and Water Quality Plan (CP)). You may photocopy the associated lot/facility (farm) information sections to provide information for all associated lots/facilities (farms).

The required plans are important parts of your AFO. They document the planning decisions and operation and maintenance for the AFO. CNMPs are developed by USDA-Natural Resources Conservation Service or their Certified Technical Service Providers. The NMP and CP must be prepared for the lot/facility (farm) and the associated lots/facilities (farms) by a certified and licensed nutrient management consultant or a certified operator in accordance with the Maryland Department of Agriculture requirements of COMAR 15.20.04, and is in compliance with COMAR 15.20.07 and 15.20.08.

■ **Primary Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary Type (From Animal Type/AFO Size Table) and Actual Number of Animals Raised: _____
Other Animal Types (From animal Type/AFO Size Table) and Actual Numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____
Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)
For poultry only: Number of houses: _____ **Total square footage of all houses:** _____ (square feet)
How many lots/facilities (farms) are associated with this animal feeding operation? _____ (fill in below for each associated farm)

■ **Associated Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary Type (From Animal Type/AFO Size Table) and Actual Number of Animals Raised: _____
Other Animal Types (From animal Type/AFO Size Table) and Actual Numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____
Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)
For poultry only: Number of houses: _____ **Total square footage of all houses:** _____ (square feet)

■ **Associated Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary Type (From Animal Type/AFO Size Table) and Actual Number of Animals Raised: _____
Other Animal Types (From animal Type/AFO Size Table) and Actual Numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____
Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)
For poultry only: Number of houses: _____ **Total square footage of all houses:** _____ (square feet)

Section III. Manure Storage/Use and Mortality Management

Manure Storage - Indicate the amount and type of storage on each Lot/Facility (Farm) associated with your animal feeding operation, starting with the primary Lot/Facility (Farm). Also record the total typical amount of litter, manure, or process wastewater generated each day or each year by all of the lots/facilities (farms) under your control, the total amount of litter, manure, or process wastewater transported off the properties under your control, and the total amount of land available for land application on all of the associated lots/facilities (farms). Describe the type of mortality management used on each lot/facility (Farm).

Total Litter/Manure/Wastewater generation _____ Tons/Pounds/Gallons + Frequency (per day/per year)
(circle one) (circle one)

Total Litter/Manure/Wastewater Transported Offsite: quantity _____ Tons/pounds/gallons + Frequency (per day/per year)
(circle one) (circle one)

Total Land Application Area Controlled by Applicant: _____ (acres) _____ (acres)
(under same ownership) (under contract)

Storage Type Instructions: Write the type of litter, manure, or process wastewater storage utilized at each Lot/Facility (Farm) on the line provided. To provide the capacity of the litter, manure, or process wastewater storage facility, where appropriate, For liquid or dry manure circle "ft3", For liquid manure circle "gal" and for dry manure include the length and width ("LxW") of the storage facility.

■ **Primary Lot/Facility (Farm):**

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Mortality Management: _____ (composter, rendering, incineration, other)

■ **Associated Lot/Facility (Farm): Name:** _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Mortality Management: _____ (composter, rendering, incineration, other)

■ **Associated Lot/Facility (Farm): Name:** _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____ (estimated date can be used for pre-2000 structures)

Mortality Management: _____ (composter, rendering, incineration, other)

Section IV. CAFOs Only – Fees

COMAR 26.08.04.09-1: A CAFO shall pay an annual permit fee. The first annual fee payment shall be submitted to the Department with the NOI Form. The Department will invoice the permittee annually, and the fee shall be paid annually not later than the anniversary of the effective date of the permit. The following permit fees shall be collected based on the size category of the lot/facility (farm) defined in Table 1 under Regulation 26.08.03.09A(3):

Size Category	Large	Medium	Small
Annual Permit Fee	\$1200	\$600	\$120

Please submit a **COPY** of this form and a check for the total amount due made payable to the "**CLEAN WATER FUND**" to: Maryland Department of the Environment
P.O. Box 1417
Baltimore, Maryland 21230-1417



Please submit the **ORIGINAL** application to
Maryland Department of the Environment
1800 Washington Boulevard, Suite 610
Baltimore, Maryland 21230-1719

For office use only

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Section V. CAFOs and MAFOs Required Plan Information

CAFO and MAFO applicants must submit required plans with the NOI. Please check off the type(s) of plan(s) submitted with NOI and indicate the date of the plan. Also record the name, telephone number, and the certificate # of the person who prepared the Plan.

☐ CNMP OR ☐ NMP and ☐ Conservation Plan Date(s) Plans completed: _____

CNMP or NMP Writer's Name: _____ CNMP or Plan Writer's Telephone No.: _____

CNMP or NMP Writer's Certificate No.: _____

Soil Conservation and Water Quality Plan (CP) Writer's Name: _____

CP Writer's Telephone No. : _____ CP Writer's Certificate No.: _____

If no required plan is attached, please explain. _____

Section VI. Certification

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the AFO and associated lots/facilities (farms) for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of permit applied for, other permits or approvals may be required.

Signature of Applicant (operator or duly authorized representative)

Date

Applicant's (operator or duly authorized representative) Name (Print)

Title

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552 a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Department to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. The Department is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the application. Pursuant to §10-119.3(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your NOI. Failure to provide the information requested may result in your NOI not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

Animal Type and Animal Feeding Operation Size Table

Animal Type	Size of Animal Feeding Operations based on Number of Animals or House Capacity in square feet		
	A	B	C
	Large	Medium	Small
Cattle (includes heifers)	1000 or more animals	300—999 animals	less than 300 animals
Dairy cattle	700 or more animals	200—699 animals	less than 200 animals
Horses	500 or more animals	150—499 animals	less than 150 animals
Veal	1000 or more animals	300—999 animals	less than 300 animals
Swine ≥ 55 pounds	2500 or more animals	750—2499 animals	less than 750 animals
Swine < 55 pounds	10,000 or more animals	3,000—9,999 animals	less than 3,000 animals
Sheep and lambs	10,000 or more animals	3,000—9,999 animals	less than 3,000 animals
Ducks with liquid manure handling*	5,000 or more animals	1,500—4,999 animals	less than 1,500 animals
Chickens with liquid manure handling	30,000 or more animals	9,000—29,999 animals	less than 9,000 animals
Ducks with dry manure handling	30,000 or more animals	10,000—29,999 animals	less than 10,000 animals
Laying hens with dry manure handling	82,000 or more animals	25,000—81,999 animals	less than 25,000 animals
Chickens (other than laying hens) with dry manure handling	125,000 or more animals or greater than or equal to 100,000 ft ²	37,500—124,999 animals and less than 100,000 ft ²	less than 37,500 animals
Turkeys	55,000 or more animals	16,500—54,999 animals	less than 16,500 animals